



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Social Work Examiners  
124 Halsey Street, 6th Floor, P.O. Box 45033  
Newark, New Jersey 07101  
(973) 504-6495

Website: [www.NJConsumerAffairs.gov/social/](http://www.NJConsumerAffairs.gov/social/)

**Application for Board Acceptance as a Continuing Education Approval Entity**  
**(To be renewed annually pursuant to N.J.A.C. 13:44G-6.7(b))**

Date: \_\_\_\_\_

Please submit with this application a certified check or money order for \$100.00 made out to the State of New Jersey. It is also required that you submit a sample course application form.

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(include area code)

Contact person: \_\_\_\_\_ Contact's telephone number: \_\_\_\_\_  
(include area code)

- 1) Does your organization require an applicant for continuing education course approval to indicate whether it has applied to another entity for approval, and to report if such application has been denied by the other entity?  
☐ Yes ☐ No
- 2) Does your organization have in place a complaint process for continuing education sponsors who are displeased with the results of the approval process to have the option to appeal to the State Board of Social Work Examiners when a course fails to be approved?  
☐ Yes ☐ No
- 3) Does your organization have in place a complaint process through which attendees of approved continuing education courses may register complaints with your organization with an option to appeal to the Board if an attendee is displeased with the results of the process?  
☐ Yes ☐ No
- 4) Does your organization list all approved continuing education courses on its website? ☐ Yes ☐ No
- 5) Does your organization require sponsors to maintain attendance records for at least five (5) years? ☐ Yes ☐ No
- 6) Does your organization use **only** Certified Social Workers, Licensed Social Workers or Licensed Clinical Social Workers in good standing to review continuing education courses? ☐ Yes ☐ No
- 7) Does your organization approve continuing education courses only, but not continuing education sponsors?  
☐ Yes ☐ No
- 8) Does your organization require that continuing education courses comply with the requirements of N.J.A.C. 13:44G-6.3?  
☐ Yes ☐ No
- 9) Does your organization require applying continuing education sponsors to clearly lay out how many credits will be earned by completing a particular course, **and** whether those credits are in clinical practice, ethics, cultural competency or general social work?  
☐ Yes ☐ No

- 10) Does your organization maintain records concerning continuing education course approvals and denials? ☐ Yes ☐ No
- 11) Does your organization respond to applications for course approval within 90 days of receipt of the applications? ☐ Yes ☐ No
- 12) Does your organization offer continuing education courses? ☐ Yes ☐ No

## AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_ } ss.  
County of: \_\_\_\_\_

I, \_\_\_\_\_, in making this application to the State Board of Social Work Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Social Work Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:15BB-1 et seq., together with the Rules and Regulations of the State Board of Social Work Examiners, N.J.A.C. 13:44G-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies, and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of contact person

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

**Affix Seal Here**